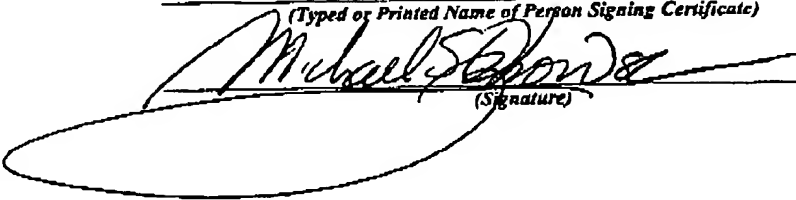



| | | | |
|--|---------------------------------|-------------------------|--|
| CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8) | | | Docket No. 121043-003 |
| Applicant(s): Akiko SAITO et al. | | | |
| Serial No. 10/050,242 | Filing Date January 16, 2002 | Examiner Gloria Hale | Group Art Unit 3765 |
| Invention: DISPOSABLE SURGICAL GOWN | | | |
| | | | RECEIVED CENTRAL FAX CENTER DEC 16 2003 OFFICIAL |
| I hereby certify that this <u>Amendment After Final and Amendment Transmittal</u> (Identify type of correspondence) | | | |
| is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-872-9303</u>) | | | |
| on <u>December 16, 2003</u> (Date) | | | |
| Michael S. Gzybowski (Typed or Printed Name of Person Signing Certificate) | | | |
|  (Signature) | | | |
| Note: Each paper must have its own certificate of mailing. | | | |

P18/REV01

| | | | | | |
|---|-------------------------------------|-----------------------------|--------------------------------|--|-------------------|
| AMENDMENT TRANSMITTAL LETTER (Large Entity) | | | | Docket No. 121043-003 | |
| Applicant(s): Akiko SAITO et al. | | | | | |
| Serial No. 10/050,242 | Filing Date January 16, 2002 | Examiner Gloria Hale | | Group Art Unit 3765 | |
| Invention: DISPOSABLE SURGICAL GOWN | | | | | |
| <u>TO THE COMMISSIONER FOR PATENTS:</u> | | | | | |
| Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. | | | | | |
| CLAIMS AS AMENDED | | | | | |
| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST # PREV. PAID FOR | NUMBER EXTRA CLAIMS PRESENT | RATE | ADDITIONAL FEE |
| TOTAL CLAIMS | 17 - | 20 = | 0 x | \$18.00 | \$0.00 |
| INDEP. CLAIMS | 3 - | 3 = | 0 x | \$86.00 | \$0.00 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | \$0.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | \$0.00 |
| <input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 12-2136 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. | | | | | |
|  Signature | | | Dated: December 16, 2003 | | |
| Filed via facsimile transmission | | | | | |
| <div style="border: 1px solid black; padding: 5px;"><p>I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</p><p style="text-align: center;">_____ Signature of Person Mailing Correspondence</p><p style="text-align: center;">_____ Typed or Printed Name of Person Mailing Correspondence</p></div> | | | | | |
| cc: | | | | | |